

The Institute for Creative Mindfulness

Description: EMDR Therapy Training Part I

Discovered by Dr. Francine Shapiro, eye movement desensitization and reprocessing (EMDR) therapy is one of the most researched and utilized methods in the treatment of post-traumatic stress disorder (PTSD) and other forms of human distress connected to trauma. Completing our full training approved by the EMDR International Association is a multi-tiered process of which this three-day training is your first part. Part I Training (3 days = 21 total hours of lecture and practicum) covers the basics of trauma, the adaptive information processing model, trauma-informed stabilization, and the basic methodology and mechanisms of action used in EMDR Therapy. You will be able to practice EMDR Therapy with certain cases after completion of Part I.

Day 1 of the training course covers the foundational material that you will need on trauma, specifically discussed through the adaptive information processing model (AIP), that you will need to competently deliver EMDR Therapy. By the end of the day you will also see a live demonstration in EMDR Therapy. Day 2 of the course takes you into specific study of EMDR Therapy Phases 1-2, generally seen as the phases of foundation and stabilization. By the end of the day you will be practicing these phases in your practicum sessions under supervision. Decision-making about moving into Phases 3-6 is also discussed, and an overview of the remaining Phases of EMDR is presented in lecture. In Day 3 you will practice Phases 3-8 of EMDR Therapy under supervision in your practicum sessions, which compose the bulk of the day. You will also receive introductory instruction for dealing with abreactions in EMDR Therapy, effectively working with dissociation, and discuss the next steps for your training and consultation development in EMDR.

Objectives: Day 1

- To provide working definitions of trauma from the larger field of psychology/psychiatry and according to the adaptive information processing (AIP) model
- To discuss the Indigenous and ancient origins of EMDR therapy in providing context for the modern history of EMDR Therapy
- To explain EMDR Therapy's model, methodology, and mechanism(s) within the context of the adaptive information processing (AIP) model
- To list the 8 phases of the EMDR Therapy standard protocol
- To identify the 8 phases of the EMDR standard protocol after seeing a live or video demonstration of EMDR Therapy
- To summarize current organizational and clinical recommendations on EMDR therapy
- To identify the aspects of EMDR therapy (e.g., model, methodology, and mechanism) that justify it being regarded as an approach to psychotherapy

Objectives: Day 2

- To explain how the 8 Phases of Shapiro's Standard EMDR Therapy Protocol correspond to the 3-Stage Consensus Model of trauma treatment originally proposed by Pierre Janet
- To conduct a thematic EMDR Therapy Phase 1 (Client History) with respect to general, well-established principles for trauma-informed care
- To define the terms Resource Development and Installation (RDI), "tapping in," and frontloading, and explain their role in EMDR Therapy Phase 2 Preparation
- To develop a comprehensive, holistic set of stabilization, grounding, and resourcing skills in Phase 2 of EMDR Therapy
- To explain, in general, the rationale behind speeds of bilateral stimulation/dual attention stimulus
- To deliver 3-5 activities with a client in EMDR Therapy preparation, with and without bilateral stimulation
- To discuss and implement which stabilization activities are most ideal for those clients with dissociation or complex trauma issues
- To make modifications for teaching all skills covered today, including delivery of bilateral dual attention stimulus (DAS), in a telehealth setting
- To complete, under supervised practice, EMDR Phases 1 & 2 with a practice partner
- To assess client preparedness for moving from Phase 2 of EMDR Therapy into the reprocessing Phases 3-6
- To discuss the standard targeting sequence offered in the 2018 Shapiro text for reprocessing traumatic memories

Objectives: Day 3

- To complete, under supervised practice, EMDR Therapy Phases 3-8
- To define *abreaction* and discuss its relevance to trauma processing work
- To define dissociation and develop strategies for mitigating risk and working most effectively with dissociative clients
- To list the main suggestions offered by Shapiro and master clinicians in EMDR therapy for handling abreactions
- To recheck the progress on both complete and incomplete EMDR therapy sessions
- To articulate the general principles at play in Phase 8 Re-Evaluation
- To obtain resources for accessing follow-up consultation and support in EMDR therapy between Part I of the training (Days 1-3) and Part II of the training (Days 4-6)

Description: EMDR Therapy Basic Training Part II

Discovered by Dr. Francine Shapiro, eye movement desensitization and reprocessing (EMDR) therapy is one of the most researched and utilized methods in the treatment of post-traumatic stress disorder (PTSD) and other forms of human distress connected to trauma. Completing our full basic training approved by the EMDR International Association is a multi-tiered process of which this three-day training is your second part. Part II Training (3 days = 21 total hours of lecture and practicum) delivers enhanced practicum content, covering best practices for using EMDR Therapy with special populations and in the difficult scenarios of clinical practice; advanced content on ethics and neurobiology are also covered, in addition to working with the art of case conceptualization. Day 4 of the training focuses on ethical practice, learning about interweaves, and working with abreaction and dissociation in more complex scenarios. By the end of Day 4, participants will have had a chance to practice supervised implementation of some of these techniques. Day 5 instructs participants on specific protocols/targeting sequences, best practices with special populations and clinical situations, accessing of specialty resources and protocols for variously noted populations, and appropriate use of modifications (according to the EMDRIA definition of EMDR). By the end of Day 5, participants will experience supervised practice of targeting sequences/protocol for identified special populations/situations. In Day 6 participants will review the neurobiology of trauma, present a clinical case study through the EMDR Therapy/AIP framework, complete supervised practice of practice elements, discuss the characteristics of a strong EMDR therapist, and develop a plan for continued consultation.

Objectives: Day 4

- To discuss, in general, what it means to be an ethical EMDR Therapist and list three safeguards for ensuring safe and ethical practice
- To explain, in a general sense, the policy of the EMDR International Association condemning the use of EMDR therapy for Sexual Orientation Change Efforts (SOCE)
- To define interweaves and describe at least three situations where using interweaves are useful in EMDR therapy
- To apply three different styles of interweaves and articulate at least three examples for implementation within these styles
- To list examples of situations within EMDR therapy where making modifications may be necessary, especially when addressing abreaction and dissociation in the various phases of EMDR therapy
- To describe the types of modifications that might be necessary and appropriate in addressing dissociation within the clinical setting
- To execute the EMDR 8-Phase protocol under supervised practice and receive necessary instruction about interweaves and modifications (implementing accordingly)

Objectives: Day 5

- To list the specific protocols/targeting sequences that Shapiro overviews in her seminal text and be able to set them up (e.g., recent events, anxiety and phobia, illnesses and somatic disorders, grief, self-use)
- To discuss the best practices for conducting EMDR therapy with the following groups of people/clinical situations: Children, couples and families, addictions, survivors of sexual abuse, complex PTSD and developmental trauma, military and public safety personnel
- To discuss, in greater detail and clinical competence, best practices for the specific groups of people/clinical situations that participants are likely to see in their clinical settings
- To explain the meaning of anti-oppression in psychotherapy and discuss the role of the EMDR therapist and EMDR therapy is advancing anti-oppression work
- To access resources for obtaining specialty resources and “protocols” for these variously noted populations
- To cultivate the quality of empathy for clients struggling with trauma-related presenting issues as a necessary first skill in building a case conceptualization treatment plan
- To complete, under supervised practice, a future template targeting sequence
- To implement Phase 8 Re-Evaluation strategies at both a micro-level and macro-level, including (but not limited to): Future template; rechecking Phase 1 Client History; assessing for blocking beliefs; treatment plan review

Objectives Day 6

- To discuss the neurobiology of trauma covered on Day 1 of the course in the context of EMDR Therapy and working hypotheses about mechanisms of action
- To present a clinical case study for the participant’s clinical practice through the EMDR Therapy/AIP framework
- To complete, under supervised practice, any remaining practice elements that a participant may need to attend to using EMDR therapy
- To explain EMDR therapy to a client in a general sense and provide clients with adequate informed consent for EMDR therapy
- To discuss the characteristics of strong EMDR therapists
- To evaluate any issues that a participant may need to address to better capture these qualities of strong EMDR therapists
- To develop a plan for continued consultation and formation as an EMDR therapist after the completion of the training course